

NOTICE OF CONTRACTING OPPORTUNITY

APPLICATION FOR
NAVY CONTRACT POSITIONS
5 January 2004

THIS IS NOT A CIVIL SERVICE POSITION

I. IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS 3:00 PM EST ON OR BEFORE 20 JANUARY 2004. SEND APPLICATIONS TO THE FOLLOWING ADDRESS:

NAVAL MEDICAL LOGISTICS COMMAND
ATTN: Code 22V
1681 NELSON STREET
FORT DETRICK MD 21702-9203

E-MAIL: Acquisitions@nmlc.med.navy.mil
IN SUBJECT LINE REFERENCE: "CODE 22V"

A. NOTICE. This position is set aside for individual Audiologists only. Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts will not be considered without the prior approval of the Contracting Officer.

B. POSITION SYNOPSIS: AUDIOLOGIST. The Government is seeking to place under contract an individual who holds a current, unrestricted license to practice as an Audiologist in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands. This individual must also (1), possess a Certificate of Clinical Competence in Audiology (CCC-A) from ASHA and, (2) meet all the requirements contained herein; and (3) obtain and maintain delineated clinical privileges.

Services shall be provided at the Naval Hospital, Great Lakes, IL

You shall be on duty in the assigned clinical area for up to 12 hours; between the hours of 0730 and 1630. You shall normally provide services for a 4 to 6 hour period (to include an uncompensated .5 or 1 hour for lunch depending on shift length), on agreed upon days between Monday and Friday. Specific hours shall be scheduled one month in advance by the Commanding Officer. Any changes in the schedule shall be coordinated between you and the Government. You shall arrive for each scheduled shift in a well rested condition and shall have had at least six hours of rest from all other medical duties.

Leave does not accrue under this contract. Your services shall not be required on the following federally established paid holidays: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. This position is for a period beginning from the start date, (a date agreed upon by the successful applicant and the Government), through 30 September of the same fiscal year with options to extend the contract for a total of five years. The contract will be renewable each fiscal year at the option of the Navy.

A. The use of "Commanding Officer" means: Commanding Officer, Naval Hospital, Great Lakes, IL or designated representative, e.g. Contracting Officer Representative, Technical Liaison, or Department Head.

B. SUITS ARISING OUT OF MEDICAL MALPRACTICE. The health care worker(s) is (are) serving at the military treatment facility under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against the health care worker(s) based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. You are not required to maintain medical malpractice liability insurance.

Health care workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual health care worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

C. DUTIES AND RESPONSIBILITIES. You shall perform a full range of audiology procedures, within the scope of privileges granted by the Commanding Officer, on site using Government furnished supplies, facilities and equipment. Your actual clinical performance will be a function of the Commanding Officer's privileging process and the overall demand for audiology services. Your major function is the clinical evaluation and habilitation of the auditory disorders. You shall have full professional responsibility for independently accomplishing all of the most complex clinical tasks, counseling, evaluation and orientation requiring extensive experience and academic knowledge in the field of audiology, speech pathology and psychology.

1. ADMINISTRATIVE AND TRAINING REQUIREMENTS. You shall:

1.1. Be subject to guidelines set forth in the command's quality assurance program including utilization review and risk management instructions. You may be required to perform administrative duties that include, but are not limited to, maintaining statistical records of clinical workload, participating in medical education programs, preparing documentation for medical boards, and participating in clinical staff quality assurance functions at the prerogative of the Commanding Officer.

1.2. Identify opportunities to improve the care delivered, and recommend corrective action when problems exist. Should a meeting occur outside of your regular working hours, you shall be required to read and initial the minutes of the meeting.

1.3. Obtain certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent. This training and certification will be provided by the Navy.

1.4. Comply with the HIPAA (Health Insurance Portability and Accountability Act) privacy and security policies of the treatment facility.

1.5. Contractor personnel shall be subject to an Automated Data Processing (ADP) background check in accordance with DoD Publication 5200.2-R. Personnel shall be required to complete the paperwork necessary for the Government to complete the background check.

2. STANDARD DUTIES: You shall perform a full range of audiology Services within the scope of clinical privileges granted by the Commanding Officer, on site using Government furnished supplies, facilities and equipment within the MTF. Your actual clinical performance will be a function of the Commanding Officer's privileging process and the overall demand for audiology services. Your productivity is expected to be comparable with that of other Audiologists assigned to the same facility and authorized the same scope of practice.

2.1. You shall utilize highly developed interpretive skills based on a wide knowledge of theory and clinical expertise.

2.2. Audiometric Testing: Administer audiological tests to all types of aurally handicapped patients including

military personnel and their dependents in varying age groups (newborns to geriatric patients).

2.3. Review accompanying consultation forms and records and independently decide on which tests to administer, how many tests are necessary, and adapt test techniques and utilize clinical judgment based on audiological and psychological precepts.

2.4. Conduct routine tests, to include air conduction, bone conduction, speech reception thresholds and speech discrimination, including high intensity speech discrimination testing.

2.5. Test for non-organicity; you have full responsibility for determining accuracy and reliability of test results. Administer additional tests to rule out presence of non-organicity such as the Stenger Test. Employ objective test techniques such as Auditory Brainstem Response (ABR) and Otoacoustic Emissions (OAE) to help determine true organic thresholds.

2.6. Conduct Special Audiological Tests as necessary to assist the otologist in the medical diagnosis of site of lesion to differentiate between cochlear and retrocochlear pathology.

2.7. Independently determine which tests are indicated.

2.8. Perform Electrophysiological tests such as Auditory Brainstem Response, Electrocochleography and Otoacoustic Emissions when indicated and appropriate.

2.9. Conduct special speech tests for differentiating central auditory pathology when indicated to include filtered and competing message tests, such as Staggered Spondee Words (SSW), Synthetic Sentence Index (SSI) and other dichotic and monotic listening tests.

2.10. Conduct Hearing Aid Evaluation. Administer formal objective hearing aid evaluations and informal subjective

selection of hearing aids to both children and adults. Select for issue or purchase the instrument, which is most effectively suited to the patient's needs, orient patient to hearing aid use, and initiate a proper attitude for rehabilitation by means of an appropriate psychological approach.

2.11. Maintain area audiometric equipment pool; request and procure required equipment as needed; negotiate and oversee service contracts.

3. Selection of Hearing Aids. You shall:

3.1. Objectively evaluate hearing aids by administering audiological tests to compare the performance of several hearing aids carefully selected by the audiologist as most appropriate for the type and degree of hearing loss; determine on the basis of test results and clinical judgement which aids are most effective.

3.2. Administer computerized real ear-canal probe microphone measurements providing precision hearing aid fittings.

3.3. Arrange for issue of selected aid to active and retired personnel, and recommend purchase of aid to dependents.

3.4. Follow the Audiology Division Standard Operating Procedure (SOP) for processing of referrals to fit hearing aids by commercial hearing aid specialists, and recommendation of purchase of aid after subsequent testing and orientation for all patients not eligible for military issue.

4. Aural Habilitation. Provide hearing aid orientation, hearing conservation techniques and individual adjustment counseling.

4.1. Immittance Audiometry. Measure acoustic characteristics of ear to assist in the diagnosis of middle ear and sensorineural pathologies. Middle ear acoustic measurements of the eustachian tube function and monitoring of acoustic reflex shall also be performed to aid the otolaryngologist in otological diagnosis. Prepare summary of the measurements and interpretation of results.

4.2. Electronystagmography. Evaluate vestibular disorder by objectively measuring and recording the changing electrical activity of the eye during nystagmus. Independently interpret results and prepare report in accordance with the Audiology Division.

4.3. Pediatric Testing. Provide testing of pediatric patients to include play audiometry and conditioned orientation reflex audiometry (COR). Utilize knowledge of the development of auditory systems and psychological maturation when administering audiometry to newborns.

4.3.1. Recognize and report symptoms of problems in addition to hearing loss in pediatric patients to include mental retardation, emotional disturbances and brain function.

4.3.2. Recognize signs of social inadequacy, shyness, withdrawal, depression etc. in order to judge the validity of hearing tests in older children.

4.3.3. Counsel parents as required regarding child's problem, interpret results and provide guidance and advice on educational and training needs. Provide narrative summary of each child to referring physician and other interested agencies.

4.3.4. Counseling. Counsel patients regarding hearing problems, implications for or against use of a hearing aid, recommend or arrange for classroom training when indicated.

4.3.5. Reporting. Prepare reports and other necessary documentation in accordance with MTF SOP.

4.3.6. Department Management. Collaborate with other clinic supervisors to decide or coordinate workplace issues involving the relationship of clinic functions to broader programs.

5. JCAHO Requirements. Comply with the standards of the Joint Commission, applicable provisions of law and the rules and regulations of any and all governmental authorities pertaining to:

5.1. Licensure and/or regulation of healthcare personnel in treatment facilities, and

5.1. The regulations and standards of professional practice of the treatment facility, and

5.3. The bylaws of the treatment facility's professional staff.

6. Credentialing and Privileging Requirements.

6.1. Upon award, the health care worker shall complete an Individual Credentials File (ICF) prior to performance of services. Completed ICF must be forwarded 30 days prior to performance of duties to the MTF's Professional Affairs Department. The ICF, maintained at the MTF, contains specific information with regard to qualifying degrees and licenses, past professional experience and performance, education and training, health status, and current competence as compared to specialty-specific criteria regarding eligibility for defined scopes of health care services. BUMED Instruction 6320.66D, Section 4 and Appendices B and R detail the ICF requirements. A copy of this instruction may be obtained from the medical facility.

6.2. If individual clinical privileges have been summarily suspended pending an investigation into questions of professional ethics or conduct, your performance under this contract may be suspended until clinical privileges are reinstated. No reimbursement shall be made and no other compensation shall accrue to you so long as performance is suspended. The denial, suspension, limitation, or revocation of clinical privileges based upon practitioner impairment or misconduct shall be reported to the appropriate authorities.

D. MINIMUM PERSONNEL QUALIFICATIONS. To be qualified for this position you must:

1. Possess a Masters Degree (Master of Arts, Master of Sciences, etc.) in the field of human communication sciences and disorders from an accredited college or university.

2. Possess a Certificate of Clinical Competency in Audiology (CCC-A) from the National Board of Examiners in Speech-Language Pathology and Audiology (BESPA).

3. Possess a current, valid and unrestricted license to practice as an audiologist in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands.

4. Post graduate degree experience as an Audiologist of at least 1 year within the preceding 5 years. (The experience can be conveyed through transcripts, resumes, letters of recommendation, etc.).

5. At least two letters of recommendation from practicing Audiology peers or Physicians attesting to your clinical skills. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Reference letters must be written within the preceding 2 years.

6. Be eligible for U.S. employment. Please provide copies of supporting documentation.

7. Represent an acceptable malpractice risk to the Navy.

8. Submit a fair and reasonable price as determined by the Navy prior to contract award.

E. **FACTORS TO BE USED IN A CONTRACT AWARD DECISION.** If you meet the minimum qualifications listed in the paragraph above entitled, "Minimum Personnel Qualifications" you may apply for this position.

1. Quality and quantity of experience and training as it relates to the duties contained herein, then,

2. The letters of recommendation required in paragraph d.5, above, may enhance your ranking if they address such items as clinical skills, patient rapport, decision analysis, experience providing training or areas of expertise, etc. Letters provided by physicians may enhance the ranking of the health care worker if they address clinical skills, professionalism, or specific areas of expertise, then,

3. Professional presentations related to clinical audiology at state, national or international meetings or publication in national audiology journals. Experience providing academic training to other medical staff or specialists.

4. Prior medical experience in a military setting (Form DD214).

F. **INSTRUCTIONS FOR COMPLETING THE APPLICATION.** To be qualified for this contract position, you must submit the following:

1. _____ A completed* " Personal Qualifications Sheet - Audiologist " (Attachment 1).
2. _____ A completed Pricing Sheet (Attachment 2).
3. _____ Proof of employment eligibility (Attachment 3).
4. _____ Two or more letters of recommendation per paragraph D.5., above. (If applicable)
5. _____ Central Contracting Registration Confirmation Sheet (Attachment 4)
6. _____ Small Business Representation (Attachment 5)

*Please answer every question on the " Personal Qualifications Sheet - Audiologist" Mark "N/A" if the item is not applicable.

G. Other Information for offerors.

Frequently asked questions about Individual Set-Aside (ISA) requirements are answered in the ISA HANDBOOK available at <http://www-nmlc.med.navy.mil> under Contractor Employment Opportunities/Information.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

PLEASE NOTE: As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. You may register in the CCR through the World Wide Web at <http://www.ccr2000.com>. This website contains all information necessary to register in CCR.

You will need to obtain a DUNS (Data Universal Numbering System) number prior to registering in the CCR database. This DUNS number is a unique, nine-character company identification number. Even though you are an individual, not a company, you must obtain this number. You may do so by calling Dun and Bradstreet at 1-800-333-0505.

The CCR also requires several other codes as follows:

CAGE Code: A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the CCR form.

US Federal TIN: A Taxpayer ID Number or TIN is the same as your Social Security Number.

NAICS Code: A North American Industry Classification System code is a numbering system that identifies the type of products and/or services you provide. The NAICS Code for this position is 622110.

If you encounter difficulties registering in the CCR, contact the CCR Registration Assistance Centers at 1-888-227-2423. Normally, registration completed via the Internet is accomplished within 48 hours. Registration of an applicant submitting an application through the mail or via facsimile may take up to 30 days. Therefore, you are encouraged to apply for registration immediately upon receipt of the Notice of Contracting Opportunity. Any contractor who is not registered in CCR will NOT get paid.

Upon notification of contract award, you will be required to obtain a physical examination at your expense. The physician must complete the questions in the physical certification, which will be provided with the contract. You will also be required to obtain the liability insurance specified in Attachment III, Pricing Information. Before commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

A complete, sample contract is available upon request.

Any questions must be directed to acquisitions@nmlc.med.navy.mil by fax at (301) 619-6793 or by telephone at (301) 619-3199. **NOTE: Reference "Code 22V" in the subject line of all e-mails sent to the stated address.**

We look forward to receiving your application.

PERSONAL QUALIFICATIONS SHEET – AUDIOLOGIST

1. Every item on the Personal Qualifications Sheet must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) to be addressed).
2. The information you provide will be used to determine your acceptability. In addition to the Personal Qualifications Sheet, please submit two letters of recommendation as described in Item VI. of this sheet, a and copy of your curriculum vitae or resume.
3. After contract award, all of the information you provide will be verified during the credentialing process. At that time, you will be required to provide the following documentation verifying your qualifications: Professional Education Degree, Professional Licensure, Release of Information, Personal and Professional Information Sheet, all medical licenses held within the preceding 10 years, continuing education certificates, and employment eligibility documentation. If you submit false information, the following actions may occur: a) Your contract may be terminated for default. This action may initiate the suspension a debarment process, which could result in the determination that you are no longer eligible for future Government contracts, and/or
b) You may loose your clinical privileges.
4. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. By signing this form, you have acknowledged this requirement.

5. Practice Information:

- | | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| 1. Have you ever been the subject of a malpractice claim?
(indicate final disposition of case in comments) | ___ | ___ |
| 2. Have you ever been a defendant in a felony or misdemeanor case?
(indicate final disposition of case in comments) | ___ | ___ |
| 3. Has your license to practice or DEA certification ever been revoked
or restricted in any state? | ___ | ___ |

If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above, and the State of the revocation for number 3 above.

PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the information provided on this page and the Personal Qualifications Sheet is requested for use in the consideration of a contract; disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

_____	_____ (mm/dd/yy)
(Signature)	(Date)

VI. Professional References:

Provide at least two letters of recommendation from practicing Audiology peers or Physicians attesting to your clinical skills. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Reference letters must be written within the preceding 2 years.

VII. Specialty Certification (optional):

Certification.	Date Issued	Expiration
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

VIII. Professional presentations (Factor for Award): Professional Presentations related to clinical audiology at state, national or international meetings or publication in national audiology journals. Experience providing academic training to other medical staff or specialists.

IX. Basic Life Support (Factor for Award) Current certification in American Heart Association Basic Life Support(BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent.

Training Type listed on Card: _____

Expiration Date: _____(mm/dd/yy)

X. Employment Eligibility:

	<u>Yes</u>	<u>No</u>
Do you meet the requirements for U.S. Employment Eligibility contained in Section V?	____	____

XI. Additional Information:

Provide any additional information you feel may enhance your ranking based on Section E. "Factors to be Used in a Contract Award Decision", such as your resume, curriculum vitae, commendations or documentation of any awards you may have received, prior military experience, etc. If you have prior medical experience in a military facility, please provide a copy of your DD214 or a description of that service, if performed in a civilian service capacity.

XII. I hereby certify the above information to be true and accurate:

_____	_____ (mm/dd/yy)
(Signature)	(Date)

ATTACHMENT 02**PRICING SHEET
PERIOD OF PERFORMANCE**

Services are required from 17 February 2004 through 30 September 2004. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date.

PRICING INFORMATION

Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option periods. The Government will award a contract that is neither too high nor too low. Your price would be high enough to retain your services but not so high as to be out of line when compared to the salaries of other Audiologists in the Great Lakes, IL area. **The hourly price includes consideration for the following taxes and insurance that are required:**

(a) Please note that if you are awarded a Government contract position, **you will be responsible for paying all federal, state and, local taxes.** The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.

(b) Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

The price that you quote for the base period will be added to the proposed quote for all option periods for the purpose of price evaluation.

<u>Line Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Total Amount</u>
0001	The offeror agrees to perform on behalf of the Government, the duties of one Audiologist at the Naval Hospital, Great Lakes IL in accordance with this Application and the resulting contract.				
0001AA	Base Period; 9 Feb 04 thru 30 Sep 04	1352	Hour	_____	_____

TOTAL CONTRACT _____

Printed Name _____

Signature _____ Date _____
(Signature) (Date)

ATTACHMENT 03**LISTS OF ACCEPTABLE DOCUMENTS****SUBMIT ONE FROM LIST A****LIST A**

Documents that Establish Both Identity and Employment Eligibility

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C**LIST B**

Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state or local government agencies of entitles provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependant's ID Card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document

LIST C

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (other card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American Tribal document
5. U.S. Citizen ID Card (INS Form I-197)
6. ID Card for use of Resident

9. Driver's license issued by a
Canadian government authority

For persons under age 18 who
are unable to present a
document listed above;

10. School record or report card

11. Clinic, doctor, or hospital record

12. Day-care or nursery school record

7. Unexpired employment
authorization document issued
by the INS (other than those
listed under List a).

ATTACHMENT 4**CENTRAL CONTRACTOR REGISTRATION APPLICATION
CONFIRMATION SHEET**

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr.gov/howto.html> If you do not have internet access, please contact (301) 619-2151 to request a copy of the application.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com/aboutdb/dunsform.htm>.

When you have done this, please mail or fax "THIS COMPLETED CONFIRMATION SHEET" to:

Naval Medical Logistics Command
ATTN: Code 22V
1681 Nelson Street
Fort Detrick, MD 21702-9203
FAX (301) 619-6793

Name: _____

Company: _____

Address: _____

Date CCR Form was submitted: _____

Assigned DUN & BRADSTREET #: _____

E-Mail Address: _____

SMALL BUSINESS PROGRAM REPRESENTATIONS

As stated in paragraph I.A. of this application this position is set-aside for individuals. As an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses you are requested to provide the additional information requested below.

NOTE: This information will not be used in the selection process nor will any benefit be received by an individual based on the information provided.

Check as applicable:

[Section A.](#)

- () The offeror represents for general statistical purposes that it is a woman-owned small business concern.
() The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined below.

[Section B](#)

[Complete if offeror represented itself as disadvantaged in this provision.] The offeror shall check the category in which its ownership falls:

- ___ Black American.
___ Hispanic American.
___ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).
___ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).
___ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).